

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. Stephen K. Jones

Mailing Address 1 Spring Street

City

New Brunswick

State

NJ

Zip Code

08901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Robert Wood Johnson University Hospi

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : 11ai-000036750

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Amy B. Mansue

Mailing Address 17 Powell Court

City

Hightstown

State

NJ

Zip Code

08520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Specialized Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : 11ai-000036752

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ronald C. Rak

Mailing Address 34 Federal City Road

City

Ewing

State

NJ

Zip Code

08638-1321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Peter's Healthcare System

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : 11ai-000036753

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00